Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I									mtv		OTHER 1	THAN
CLAIMS AS			(Column 1)		(Column 2)			MALL ENT		OR_	SMALL E	NTITY
TOTAL CLAIMS			I			i		RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 7 minus 2			s 20=	. 0			X\$ 9=		OR	X\$18=		
Total				us 3 =			X40=		OR	X80=		
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESE			<u></u>					+135=		OR	+270=	
					z "O" in ca	dumn 2	•			OR	TOTAL	7/2
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OTHER	THAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	SMALL		
		CLAIMS		HIG	HEST MBER	PRESENT]		ADDI-		RATE	ADDI- TIONAL
TA		REMAINING AFTER		PREV	POUSLY D FOR	EXTRA		RATE	TIONAL FEE	1	HATE	FEE
ME	Total	AMENDMENT.	Minus	6	21)	ـســــــــــــــــــــــــــــــــــــ	1	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	. (Minus	•••	3			X40=		OR	X80=	
¥	FIRST PRESE	NTATION OF I	AULTIPLE DEP	ENDE	VT CLAIM		J	+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT. FEE	
	2/1/05 (Column 1) (Column 2) (Column 3)						ı\	ADDIT. FEE	L	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_		(Column 1)		J. Hid	HEST				ADDI-	1		ADDI-
18		REMAINING AFTER		PRE		MBER PRESENT PRESENT EXTRA		RATE	TIONAL FEE	•	RATE	TIONAL FEE
AMENOMENT B	*	AMENDMENT	Minus	PA	D FOR	= Ø	1	X\$ 9=	1	OF	X\$18=	
	Independent	· /	Minus	•••	3	= 0	7	X40=		OF	Ven-	1
₹		NTATION OF	MULTIPLE DEP	ENDE	NT CLAIM]		++	┧		
-		·						+135=		OF		
	//-	•						ADDIT. FEE		OF	ADDIT. FE	
,	1169/05	(Column 1	`	(Co	lumn 2)	(Column	<u>3)</u>					
		CLAIMS			GHEST UMBER	PRESENT			ADDI-	7		ADDI-
E		REMAINING AFTER AMENDMEN		PRE	VIOUSLY ND FOR	EXTRA	l	RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT C	Total	• Anteriorie	Minus	•2	20	= ·]	X\$ 9=		OF	X\$18=	
	Independent	. /	Minus	•••	3	= /		X40=		OF	X80=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	1	270	1	
								+135= YOTAL		O F		
	"If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OF	ADDIT. FE	
.			y Paid For IN TH Paid For (Total o					tound in the a	ppropriate	ni xad	column 1.	

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